

Name in Full

Certificate of Death

John R. Alexander

Died at ^{Town} Centerville ^{County} P. S.

MARYLAND

Date 19 ~~22~~ March 15 | Age 22 | Native of Ind | Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Kate

Father's Name John Alexander | Mother's Maiden Name Unknown

Cause of Death { Primary Broken rib 1166 | How long sick

Death { Immediate Unknown Abscess | ~~Accident, Suicide, Homicide~~

Reported by W. D. C. W.

Address Forestville

J. L. W. W.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Frank Banks
 Town Laurel County Prince Georges MARYLAND
 Died at

Date 1902 Mar 30 Month Day Y. M. D. Age 50 Native of, Virginia Occupation Laborer
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living None

Husband of
 Wife

Father's Name not ascertained Mother's Maiden Name not ascertained

Cause of Death Primary Tuberculosis of How long sick Several months
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by G. F. Taylor M.D.
 Address Laurel Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Permit issued.

Mar. 31. 02

not provided, death
out of Laurel.

J. E. B.

Name in Full

Certificate of Death

George Barton

Town

County

MARYLAND

Died at

Bowie

Prince George

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 March 4

Age

76

Maryland Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 6

Husband

of

Eveline Barton

Wife

Father's

Name

Don't know

Mother's

Maiden Name

Don't know

Cause of

Primary

Valvular

How long sick

Sudden

Death

Immediate

Disease of Heart

Accident, Suicide, Homicide

Reported by

M.A. Botto J.P.

Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lottie Beall

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Saul

Prima Geo

March 13 1902

Age 25

Md Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

of

Arthur Beall

Mother's

Maiden Name

Primary

Heart disease

How long sick

Immediate

"

failure

Accident, Suicide, Homicide

Dr. R. R. R. R.
Saul Md.

Recorded &
Permit issued.

March 15.02

J.F.B.

Anthony Martin Belt.

Died at ^{Town} Marlboro' ^{County} P. G. Co. MARYLAND

Date 1902 ^{Month} 3 ^{Day} 10 ^{Age} 1 ^{Y.} 2 ^{M.} ^{D.} Native of Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of _____
 Wife _____
 Father's Name Samuel Belt Mother's Maiden Name Henrietta Tillman

Cause of Death { Primary Immediate ^{Teething} How long sick 1 week
 Accident, Suicide, Homicide

Reported by Samuel Belt, Father
 Address Upper Marlboro' Ind. 179

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anthon Brannon

Town

County

MARYLAND

Died at

Washington D.C.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Mar

2

Age

63

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Cholera

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

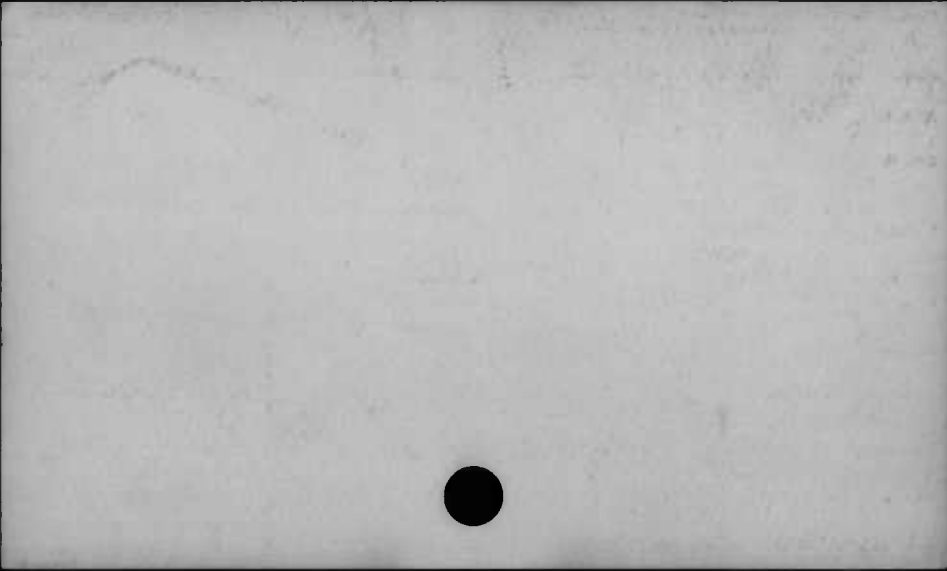
George M Smith

Address

Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75803



Name In Full

Certificate of Death

Randolph Braxton.

Town

County

MARYLAND

Died at Brandywine

Prince Georges

Date 1902

Month 3 - Day 5 -

Age 25.

Y.

M.

D.

Native of Md.

Occupation

laborer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Thos Braxton

Mother's

Maiden Name

Ellen Greenleaf

Cause of

Primary

Pneumonia.

How long sick

10 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

William H. Squires, Sub Registrar local

Address

Brandywine, Md.

Board of Health.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79828



Name in Full

Certificate of Death

Thomas Butler

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Age

Native of

Occupation

3 16

25 - -

Maryland

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
ofFather's
Name

Mother's

Maiden Name

Cause of

Primary

Phthisis

27

How long sick

8 mos

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Harry Halley Jr D.

Address

Piscataway Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name in Full

Certificate of Death

Edward C. Cagel

Died at ^{Town} Redds Corner ^{County} Md.

MARYLAND

Date 1902 ^{Month} March ^{Day} 29th | ^{Y.} | ^{M.} | ^{D.} | ^{Native of} Md | ^{Occupation} Truckee

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widow~~ Number of children living 2

Husband of Minerva Cagel

Wife of Unknown Mother's Unknown

Father's Name Unknown Maiden Name Unknown

Cause of { Primary Pneumonia 93

Death { Immediate Exhaustion

How long sick 10 days

Accident, Suicide, Homicide

Reported by J. L. Waring

Address Clinton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

~~Male~~

Female

~~Husband~~~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Grace Clayton

Town

County

Woodville

Prince Georges

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

1902 - 3 - 31

Age

15 - - -

Ind

~~White~~~~Marrd~~~~Widow~~~~Divorced~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Name

Mother's

Name

Salisbury Clayton

Phiney Green

Primary

Immediate

Double Pneumonia

Same

How long sick

One week

~~Accident, Suicide, Homicide~~

H. W. Norton

Aquasco

Maryland

LIBRARY BUREAU, 65968

✓



Name in Full

Certificate of Death

Catherine Cook
 Died at *Fairfax* Town *Fairfax* County *1900* MARYLAND

Date 19 *17th* Month *March* Day *17* Y. *17* M. *17* D. *17* Native of *17* Occupation *17*

Male *17* White *17* Married *17* Widowed *17* Divorced *17*
 Female *17* Colored *17* Single *17* Widower *17* Number of children living *17*

Husband of *17*
 Wife *17*

Father's Name *17* Mother's Maiden Name *17*

Cause of Death *17* Primary *17* Immediate *17* How long sick *17*
 Accident, Suicide, Homicide *17*

Reported by *17*

Address *17*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna Culver

Died at ^{Town} Bowie ^{County} Prince George MARYLAND

Date 1902 Mar 15 Age 99 Native of Maryland Occupation none

☒ Male ☒ White ☒ Married ☐ Widow ☒ Divorced
☐ Female ☐ Colored ☐ Single ☐ Widower Number of children living 3

Husband of Vitch Culver

Father's Name Don't Know Mother's Name Don't Know

Cause of Death Primary age 154 How long sick 4 months

Death Immediate Heart Failure Accident, Suicide, Homicide

Reported by Nelson A. Ryan m d

Address [Redacted] Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Kate Anna Brister Cunn

Town

County

Died at

Hendersonville

Prince George

MARYLAND

Date 1902

Month

Day

Age

Y.

M.

D.

Native of

Occupation

March

14

8

17

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Wm A Cunn

Mother's

Maiden Name

Sarah J Perkins

Cause of

Primary

Capillary Pneumonia

How long sick

Two days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Charles W S

Address

Hendersonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sophia Briggs
 Town County

Died at

MARYLAND

Date 1902

Month Day

3 13

Age 11

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hannah Engle

Diad at ^{Town} College Park, ^{County} Pr Geo Co. MARYLAND

Date 1902 ^{Month} Mar ^{Day} 30 ^{Y.} 15 ^{M.} ^{D.} ^{Native of} Md ^{Occupation} None

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name Theodore F. Engle Mother's Maiden Name Diamond

Cause of Death { Primary Typhoid fever How long sick 22 days.
 Death { Immediate Heart Failure. Accident, Suicide, Homicide

Reported by W O Everfield M.D.

Address College Park Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edward Ford.

Died at ^{Town} Upper Marlboro' ^{County} Prince Georges - MARYLAND

Date 1902 Month 3 Day 25 Age 18 Y. M. D. Native of Maryland Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of _____
Wife

Father's Name Thomas Ford Mother's Name Sophia Boutee.

Cause of Death { Primary Phthisis - 27 } How long sick 8 months

Death { Immediate } Accident, Suicide, Homicide

Reported by Maresa O Stumer, M. D.

Address Upper Marlboro' Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ella Green

Died at

MARYLAND

Melwood

D. C.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

3

14

Age

29

2

Ind

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John H. Green

Mother's

Maiden Name

Lucy Diggs

Cause of

Primary

Don't know

How long sick

1 day

Death

Immediate

Don't know

Accident, Suicide, Homicide

Reported by

John H. Green, Father.

Address

Meadows

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Mary Emma Hardaway*
 Died at *Dorrestville* Town *Prince Geo* County *MARYLAND*

Date 1902 *3-10* Month *3* Day *10* Age *32* Y. *-* M. *-* D. *-* Native of *Ind* Occupation *—*
☒ Male ☒ White ☐ Married ☐ Widow ☐ Divorced
☐ Female ☐ Colored ☒ Single ☐ Widower ☐ Number of children living *—*

Husband of *John Hardaway*
 Wife *John Hardaway*
 Father's Name *Geo Hickman* Mother's Maiden Name *Kath Nichols*

Cause of Death { Primary *Tuberculosis* How long sick *2 yrs*
 Immediate *Jamnesia* 27 Accident, Suicide, Homicide

Reported by *John E. Samsel*
 Address *Dorrestville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at Meadow Town Prince Geo's County MARYLAND
 Date 1902 Month 3 Day 29 Age Still born Y. M. D. Native of Occupation
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced Number of children living —

Husband of —
 Wife

Father's Name — Mother's Maiden Name Rosa Hayden

Cause of Death { Primery Δ How long sick —
 { Immediate Accident, Suicide, Homicide —

Reported by John E. Rausch
 Address Homeville MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Agness Henson

Town

County

Died at

Brighton

Prince Georges Co

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar. 21.

Age

3 10.

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Thomas Henson

Rose Green

Cause of

Primary

Bronchitis with Brain Trouble

How long sick

10 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Benjⁿ L. Baird M.D.

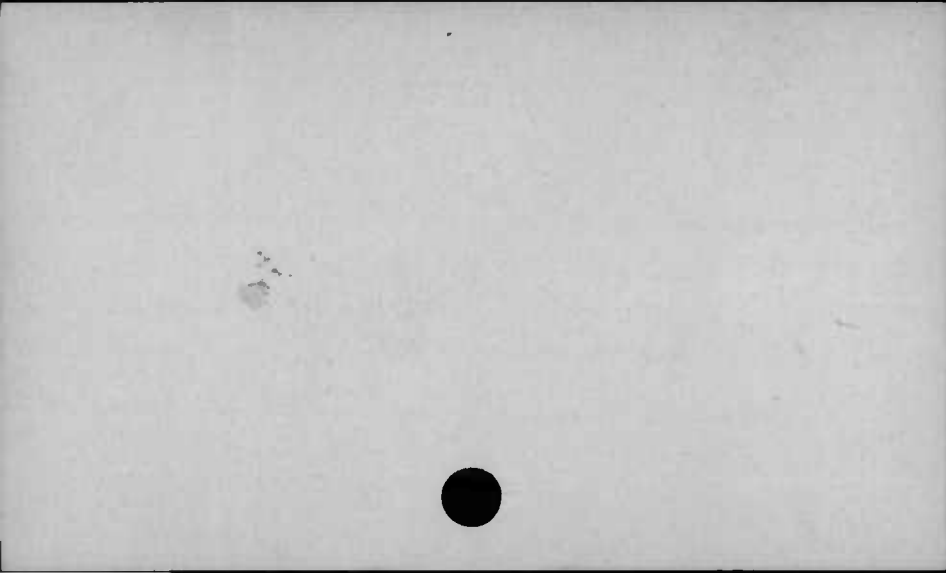
Address

Leland

Prince Georges Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70899



Name in Full *James Jackson*

Town *Marlboro* County *P. Geo* MARYLAND

Died at

Date 18*90* *2* Month *3* Day *9* Y. *5* M. *6* D. Native of *Ind* Occupation *Farmer*

Age *56*

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of *Laura Jackson*

Wife

Father's Name *Augustus Jackson* Mother's Name *Rebecca Jackson*

Cause of Death { Primary *Pneumonia* Immediate *63* How long sick *25 yrs* Accident, Suicide, Homicide

Reported by *Reuben Sasser*

Address *Upper Marlboro*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Hensie Johnson

Town

County

Died at near Marlboro P. G.

MARYLAND

Date 19 02 3 13 Age 99 - -

Month Day Y. M. D.

Male White Married Widowed ☒ Divorced

Female Colored Single ☒ Widowed

Occupation Laborer

Number of children living 1

Husband of Lucy Johnson

Wife

Father's Name

Mother's Name

Maiden Name

Cause of Death Primary Immediate Paralysis

How long sick 4 days

Accident, Suicide, Homicide

Reported by Lucy Johnson, wife

Address Upper Marlboro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Susan Virginia Johnson

Town

County

Died at

Marble

D. C.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3

26

Age

6

Md

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Thomas Johnson

Mother's
Name

Lisa Johnson

Cause of Primary

How long sick

Malaria Fever

Death Immediate

Accident, Suicide, Homicide

4

Reported by

Kennedy Sasser

Address

Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Catherine Jane Kirkwood

Died at ^{Town} Bladensburg ^{County} P. G. MARYLAND

Date 19 02 mch. 10 Age 60 - 11 Married Housewife
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single Widower Number of children living

~~Husband~~
 of
~~Wife~~

Father's Name Richard Kirkwood Mother's Maiden Name Davidson

Cause of Death { Primary La Grippe 10 How long sick Four days
 Immediate Heart failure Accident, Suicide, Homicide

Reported by J. Johnson Story M.D.

Address 1328 - Md. Ave N.E. Wash D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

White Hall station
Balti. Co
Md.

Name in Full

Certificate of Death

Violet Latimer

Died at

Silver Hill. Ar. Geo.

MARYLAND

Date

902 Mar. 21

Age

- - 2

Native of

Md.

Occupation

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Jno W. Latimer

Mother's

Eloja Latimer

Cause of

Primary

Pneumonia

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

R. A. Cycles

Md.

Address

Baltimore

151

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Lena Lreland

Town

County

D. Geo.

MARYLAND

Died at

Marlboro

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3 16

Age

74 - -

Md

Midwife

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

0

Husband of

Wife

Isaiah Lreland 154

Father's

Mother's

Name

Maiden Name

Cause of

Primary

General break down

How long sick

3 mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Fannie Williams

Address

Pepper

Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79005



Name in Full

Certificate of Death

Margaret Lewis

Town

County

Died at

Hickock

Prince Georges

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 - 16

Age

20 - -

Maryland

House work

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

William Lewis

Mother's

Maiden Name

Elizabeth Pluffy

Cause of

Primary

Phtisis

27

How long sick

1 year

Death

Immediate

Pulmonary Tubercle

Accident, Suicide, Homicide

Reported by

Harry Walker M.D.

Address

Prislatway

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Jno. W. Masters

Died at

Silver Hill

County

Pr. Geo.

MARYLAND

Date

902

Month

Day

Mar. 19

Age

Y.

M.

D.

41-6-3

Native of

md

Occupation

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Nathan Masters

Mother's

Margt Masters

Cause of

Primary

L.A. Smith

10

How long sick

Death

Immediate

Cardiac Paralysis

~~Accident, Suicide, Homicide~~

Reported by

R. A. Pyles M.D.

Address

Anacostia

D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name in Full

Certificate of Death

Bertrude Mc. Cullogh

Town

County

Died at

Smyth

Prince Geo.

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

March 15th 1902

Age

22

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

one

Husband of

Clarence Mc. Cullogh

Wife

Father's

Mother's

Name

Ernest Baldwin

Maiden Name

Lora. Whiston

Cause of

Primary

Cherubil fever -

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Ryerly

Address

Georgetown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recorded &
Permit issued.
Mar. 17. 02.
J. E. B.

Name in Full

Certificate of Death

Rosa Lu Mae Donald

Town

County

MARYLAND

Died at

Samuel.

Prince Georges.

Date

1902 March 28

Month

Day

Y.

M.

D.

Native of

Occupation

Age

38

Va.

House wife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

1 yr.

Accident, Suicide, Homicide

Reported by

Dr. Beitz. M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Recorded +
Permit issued,
J. B.

Catherine Nesbitt

Town

County

MARYLAND

Died at Riverdale

Prince Geo.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mar 10

Age

50 - -

Canada

None

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Phtisis Pulmonalis

How long sick

One Year

Death

Immediate

Ex

Accident, Suicide, Homicide

Reported by

Charauble M D

Address

Spartanville 4nd

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.



Carrie Lena Dickens

Town

County

Died at *Croft Park Pr Georges*

MARYLAND

Date 19 *02 March 6* Month Day Y. M. D. Native of *Va* Occupation *None*

Male *White* *Married* *Widow* *Divorced*

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *James E Dickens*

Mother's Name *Martha Johnson*

Cause of Death { Primary *Spinal Injury* Immediate *Paralysis* How long sick *17 years* Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Buried at
Gradersburg
M.D.

Name in Full

Certificate of Death

Leora Redgett

Died at ^{Town} *Bellevue* ^{County} *P. G.*

MARYLAND

Date 19 *02* ^{Month} *March* ^{Day} *7* ^{Y.} *6* ^{M.} *6* ^{D.} *6* Native of *Med* Occupation *None*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband *of*

Wife

Father's

Mother's

Name

Maiden Name *Wood*Cause of ^{Primary} *Bronchitis*

How long sick

*Unknown*Death ^{Immediate} *Unknown*~~Accident, Suicide, Homicide~~Reported by *W. J. Lee*Address *P. B.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Nellie Pearson

Town

County

Died at

Rosecroft

Pr. Geo.

MARYLAND

Date 18

902

Month

Day

Y.

M.

D.

Native of

Occupation

3

7

Age

5, 10

Va.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

John Pearson

Mother's

Name

Etta Pearson

Cause of

Primary

Pertussis

How long sick

3 weeks

Death

Immediate

Broncho pneumonia

Accident, Suicide, Homicide

Reported by

G. P. Simpson M.D.

Address

Rosecroft

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

John Wesley Perrie
 Died at ^{Town} Hestwood ^{County} R. I.

MARYLAND

Date 1902 ^{Month} Mch ^{Day} 28 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Farmer
 Male White Married Widower Divorced
 Female Colored Single Number of children living

Husband of

Wife

Father's Name Hugh Perrie Mother's Maiden Name Ann H. Layman

Cause of Death { Primary Brights Disease How long sick 2 months
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by

Address

W. H. Gibbons M.D.
 Crown Md 120

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Queen

Town

County

MARYLAND

Died at Largo Prince Georges

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Mch. 28

Age 70.

Md.

Laborer

Male

~~White~~

Married

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living None

Husband
of

dont know.

Wife

Father's

Name

dont know

Mother's

Maiden Name

dont know

Cause of

Primary

—

How long sick

Death

Immediate

Paralysis —

Accident, Suicide, Homicide

Reported by

Benj^m. L. Bird M.D.

Address

Leland P. S. Co. Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name In Full

Certificate of Death

Henry Truman Rawlings

Died at Northrup

Town

County

Pr Geo

MARYLAND

Date 1902 Month March Day 30 Age 64 Y. M. D. Native of Md Occupation Farming

Male White Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living none

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Amelia Rawlings

Wife

Father's Name J. V. J. Rawlings Mother's Name Mildred Downing

Maiden Name

Cause of Death Primary Emphysema Immediate Heart failure

How long sick 3 months

Accident, Suicide, Homicide

Reported by W. H. Hibbons MD

Address Crown Md.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Name *Frank Redgaway*
 Died at *Silver Hill* ^{Town} *Prince Geo* ^{County} **MARYLAND**
 Date *1902* ^{Month} *3* ^{Day} *9* ^{Y.} *72* ^{M.} *11* ^{D.} *5* ^{Native of} *Md* ^{Occupation} *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living *1*

Husband of *Elleanor A Redgaway*
 Wife *Elleanor A Redgaway*

Father's Name *Jessie Redgaway* Mother's Maiden Name *-*

Cause of Death ☒ Primary *Loophole* ☐ Immediate *Uterine* ^{How long sick} *3 weeks*
¹⁰ *10* ^{Accident, Suicide, Homicide} *-*

Reported by *John E. Samsbury*
 Address *Forestville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grace Ridgley

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

3 17

Age 24

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Anemia

54

How long sick

4 Mos

Death

Immediate

Premature labor

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79829



John Seth Ritchie

Died at ^{Town} Ritchie ^{County} Prince Georges Co MARYLAND

Date 1902 ^{Month} March ^{Day} 24 ^{Age} 45 ^{Y.} ^{M.} ^{D.} ^{Native of} Ind. ^{Occupation} Farmer

Male ^{White} ^{Married} ^{Widow} ^{Divorced}
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ^{Number of children living} 7

Husband of Mary Elizabeth Hunt
 Wife
 Father's Name John Ritchie Mother's Name Elizabeth Collett

Cause of Death { Primary Old Age How long sick —
 Immediate Vermin poisoning Accident, Suicide, Homicide

Reported by Benjamin L. Bird 1st.
 Address Leland Md

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.

P. G. Co.



Name in Full

Certificate of Death

Mrs Mollie Sansbury

Town

County

Died at Cambridge

Dec.

MARYLAND

Date 1904 March 31

Month

Day

Y.

M.

D.

Age 23

Native of

Occupation

Music

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living 1

Husband

of

Wife Dr. J. L. Sansbury

Father's Name Richard Leaphy

Mother's Name Melie Mitchellmore

Cause of Primary Pul. Cong.

How long sick

Six Mch

Death

Immediate

Apoplexy

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

27

Age

26

Pharm Co. Md

Butter

Male

White

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living none

Husband
of
Wife

Lessie Scott

Father's
Name

David Scott

Mother's

Maiden Name

Sarah Michalis

Cause of

Primary

Lebriph Neuralgia

How long sick

about 4 mos.

Death

Immediate

Pneumonia

~~Accident, Suicide, Homicide~~

Reported by

Geo. W. Labaniss, M.D.

Address

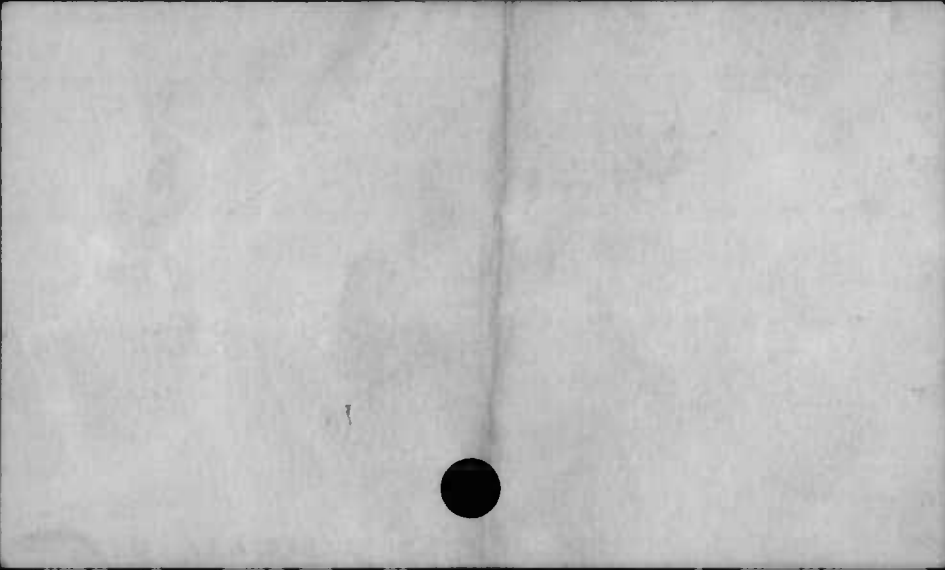
1906 16 St. N.W.

Washington, D.C.

Dr. Robert H. East

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Infant no name

Town

County

Died at

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

3 10

Age

0 0 0

Maryland

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

~~Husband~~
of~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Premature birth

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Leonard Thomas

Died at
Town Clinton County

No. George

MARYLAND

Date 1902
Month 3 Day 3
Age 58 1 16
Y. M. D.
Native of Md Occupation Merchant

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband
of

Caroline R Thomas

Father's

Mother's

Name

James R. Thomas

Maiden Name

Mary A Peacock

Cause of

Primary

Tuberculosis

How long sick

9 months

Death

Immediate

Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

John A. Lee MD

Address

J.B.

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Mundat

Tabell

Colonial

Hotel Baiton.

Nama in Full

Certificate of Death

Alace A. Tydings
 Town *P.O.* County

Died at *Mullikin*

MARYLAND

Date *1904* *March 21*
 Month Day

Age *62*
 Y M D

Native of *M.D.A. Co. House wife*
 Occupation

Male
 Female

White
 Colored

Married
 Single

Widow
 Widower

Number of children living *2*

Husband of *Richard T. Tydings*
 Wife
 Father's Name *Mr. T. Wells*

Mother's Name *Miss Deal*

Cause of Death { Primary *Pulmonary Tuberculosis*
 Immediate

How long sick

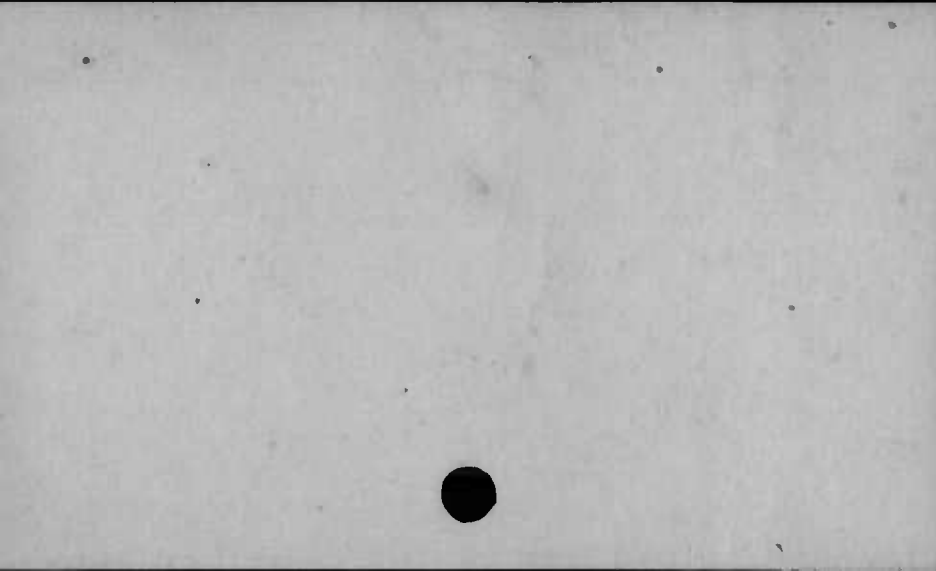
Accident, Suicide, Homicide

Reported by

Address

J. M. Orwall M.D.
Springfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Jerome Gertrude Tyler

Died at *Clinton*

Town

D.C.

County

MARYLAND

Date 1902 *March 10*

Month

Day

Y.

M.

D.

Native of

Occupation

Age *14*

Age

*14**red**house*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name *Tyler*

Mother's

Maiden Name

Cage

Cause of

Primary

Died suddenly

How long sick

9 hours

Death

Immediate

no physician

Accident, Suicide, Homicide

Reported by

Father

151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James Wesley
 Died at ^{Town} Seabrook ^{County} P. Y. MARYLAND
 Date ¹⁹⁰⁹ 1909 ^{Month} March ^{Day} 13 ^{Y.} 73 ^{M.} - ^{D.} - ^{Native of} Md ^{Occupation} Merchant
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living 6

Husband of Christanna Wesley
 Wife of John Wesley
 Father's Name John Wesley Mother's Name Sarah Wesley
 Cause of Death { Primary Fracture degeneration of heart
 Immediate Paralysis of heart
 How long sick Several weeks
 Accident, Suicide, Homicide

Reported by Jno. M. Russell M.D.
 Address Springfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ruffin William

Died at

Lynchburg

County

MARYLAND

Date

Apr 2 Mar 27

Age

59

Relative of

W.C. - Farmer

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

9

Husband

of

Wife

Father's

Name

Nancy Ruffin

Mother's

Name

Cause of

Primary

val. dis. heart

How long sick

5 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Geo. Richardson

Address

Lynchburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Unknown

Town

County

MARYLAND

Died at near Bowie

Prince George

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

March

4

Age

about 40

Italy

Don't Know

Male

White

Married

Widow

Single

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Don't Know

Husband

of

Wife

Father's

Name

Don't Know

Mother's

Maiden Name

Don't Know

Cause of

Primary

Struck by Engine

How long sick

Sudden

Death

Immediate

On Balto & Colmae R R

Accident, Suicide, Homicide

Reported by

M. A. Batto Jr

Cordner

Address

Bowie

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

